

Zion Evangelical Church 117 W. White St. Millstadt, IL 62260

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2023 Millstadt Community Stellar Vacation Bible School

June 5th - 9th

Monday - Friday: 8:45 - noon

*Closing Program at noon on Friday, June 9th
at the Church Park (840 S. Jefferson St.)*

(more details to follow)

3 years of age (must be toilet trained) thru 5th grade
Cost: \$15 first child; \$10 second child; \$5 for third child

New friends • Amazing experiments • Creative games • Super-fun snacks •
Surprising adventures • Incredible music

2nd thru 5th graders will build and fly model rockets!

An evening of star and planet (Venus and Mars) viewing!

Water Slide on Friday!

It would be very helpful to have this form returned to us as soon as possible to aid us in planning for VBS and to expedite registration on the first day. We're looking forward to having your child join us!

←----- Parent(s): _____ ----->

Street: _____

City, State, Zip: _____

Relationship to child: _____

Phone: _____ Cell phone: _____ E-mail: _____

Second Contact Person, if any: _____ Relationship to child: _____

Phone of second contact: _____

Church affiliation, if any: _____

1. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

2. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

Available Shirt Sizes: YXS, YS, YM, YL, YXL, AS, AM, AL, AXL, A2X, A3X

Put additional children on back

3. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

4. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

5. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____